OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFP-2018-DPHS-01-REGION

No.	Question	Answer
1	1.3 – Pg. 6 In the event that contracts are awarded but not approved by G&C prior to July 1, 2017, will DHHS be requesting the Commissioner to approve the contracts being retroactive to that date?	The Department expects to have all contracts approved to be effective 7/1/17. If a vendor does not meet the state's deadline, retroactive approval is at the discretion of the Commissioner of the DHHS.
2	2.1.1.3 – Pg. 6 1. Does the State have a template or language for sub-contracts? 2. Should a proposal include current, signed sub-contract agreements or should new ones be drafted and submitted with the proposal?	1. There is no template. Please refer to Appendix B, Exhibit C, Paragraph 19 Subcontractors for the Department's requirements on subcontractors. 2. See section 7.2.2.8 for the requirement to submit a letter of commitment with the proposal. When a subcontract is submitted in lieu of a letter of commitment, the subcontract must meet the requirements described in #1 above. .
3	2.1.3.3 – Pg. 8 Can the State make available most recent state and national NSDUH and BRFSS data for incorporation of data in addressing NH, Public Health Regions and national Figures?	State and public health regional BRFSS data for select measures is available on NH WISDOM at: https://wisdom.dhhs.nh.gov/wisdom/#main State-level data for other measures is available at: https://www.cdc.gov/brfss/brfssprevalence/index.html State level 2015 National Survey for Drug Use and Health (NSDUH) https://www.samhsa.gov/data/population-data-nsduh/reports?tab=33
4	2.1.3.4 – Pg. 9 1. Can the implementation of Young Adult strategies be both programmatic and environmental? 2. Can media campaigns be used to message to this age group? 3. Can food and/or gift cards be purchased to assist in engaging this population to develop leaderful 18-25 yr. olds?	Q1 Yes but the requirement is to meet the criteria established in Section 3.2.5.3 Q2 No Q3 Yes, gift cards up to $30 per recipient are allowable. Meals are generally not allowable unless they are integral part of encouraging participation in an activity. When food is provided the amount cannot exceed $2.50 per person

5	3.2.1.7 – Pg. 10 and 3.2.9.2 – Pg.15 1. Can the annual action plan be more defined? 2. Is this a workplan, is it an update to the CHIP, action plan sounds more like a workplan, and will all Projects be provided the "action plan" in advance or is the region responsible for developing the template of action plan? 3. How is this different than the PHEP, SMP, and CoC workplans submitted in past FY's? 4. It says annually submitted, but is this meant to be an end of the year report?	1 & 2. Action plans for the PHAC as an separate entity and each of its committees must be developed to guide activities each year. Action plans for the PHAC and those committees addressing public health topics <u>not</u> funded through this RFP must, at a minimum, describe high level activities and outcomes to allow for PHAC members to understand if the intended progress is being made. There is no template for these action plans. An action plan in not an update to the CHIP. 3. The SMP, CoC, YA, and PHEP workplans referenced in Section 3.2.9.2 will be more detailed than the above action plans, with templates provided by BDAS and DPHS once awards are made. 4. No these are annual workplans to be submitted early in each contract year based on a date provided by DHHS.
6	3.2.1.8. 10 Pg. 10 1. What community health assessments would be utilized? 2. How involved will CHI be in terms of developing in partnership with regions data that is meaningful and understood by the majority of Network partners such as YRBS, NSDUH, BRFSS and County Health Rankings? 3. Who would be the SME for Social Determinants of Health?	1. Proposals should describe the bidders plan for collecting, analyzing and disseminating health data about their region. 2. BDAS and DPHS are intending to contract for technical assistance services to support RPHN contractors. 3. DPHS will provide referrals to staff with expertise in the Social Determinants of Health once contracts are executed.
7	3.2.2.1-3.2.2.5 Pg. 11 1. Will a current signed MOU with an outside contractor suffice and should it be included in this proposal? Are letters of support required? 2. Does a new MOU need to be done, if the current one covers the scope of service? 3. If MOU, novel or current is required, where would that go in the Technical Proposal (what TAB)?	1 & 2.This section does not specific any required MOUs with PHEP partners. MOUs for the purpose of participating in PHEP planning and response activities are not the same as a subcontract with another entity. Timeframes for these MOUs do not need to be directly tied to the contract period. No letters of support are required with a proposal. 3.See Section 7.2.2.8
8	3.2.2.6 - Pg. 11 Can the State or CHI provide a template for engaging volunteer organizations such as MRC/CERT entities if the PHEP Coordinator is not charged with direct oversight of volunteers?	Technical assistance with respect to PHEP volunteer recruitment can be provided under the technical assistance contract the DPHS expects to execute.
9	3.2.4 – Pg. 12- Should colleges be a targeted population to reach young adults, or should the focus be more on those who have not transitioned into college and are either in the workforce or unemployed?	Colleges can be a targeted population but the requirement is not limited to young adults currently enrolled in colleges or other post-secondary institutions.

10	3.2.4.2 - Pg. 12 1. Why is the State using RPHN's as a pass-through? 2. Is it expected the whole $20K for Leadership will go to NAMI, or would funding be retained by RPHN to have staff coordinate market and oversee the NAMI trainings?	Q1. The funding being provided supports activities in addition to subcontracting with NAMI. Q2. $12,000 will be dedicated to NAMI-NH leaving $8,000 for the associated RPHN activities. See Addendum #3.
11	3.2.4.4 - Pg. 13 What does the State mean by "supplemental trainings for participants" who complete the CONNECT training, how many, duration, expected outcomes? This is really hard to determine how much RPHN staff time should be dedicated to this portion of the RFP, and it is unclear of the costs that must be passed along to NAMI.	RPHN's are expected to collaborate in the design and implementation of supplemental trainings that include feedback on what young adult participants have expressed an interest in knowing more information on a topic or how they may be further involved in this initiative.
12	3.2.4.5 – Pg. 13 Dissemination costs money, so would that be part of our Young Adult budget, and would this be regionally developed or state-led messaging?	This would be a state led initiative. RPHNs are required to assist in the message distribution and dissemination.
13	3.2.5.1 - Pg. 13 1. Can the strategies include direct services provided by someone who is licensed/credentialed (i.e. LMHC, LADAC)? 2. Please define high risk, high need communities within a region. 3. Can you provide the list of high risk/high need communities for targeted 18-25 year old services and programs?	1. It depends on the requirements of the specific strategy(ies) selected and that strategies meet the criteria established in Section 3.2.5.3 2. High risk, high need communities are described as having, or are at risk of having a higher than average state prevalence rate of: underage drinking; risky drinking such as binge drinking and/or prescription drug abuse/misuse including opioids and illicit opioids; higher than average state prevalence rate of substance misuse or where the population or area has limited resources or has had fewer opportunities or less success in identifying and bringing to bear resources to address underage drinking; risky drinking and/or prescription drug abuse/misuse including opioids and illicit opioids. A community may be a specific geographically defined area; or a specifically defined population based on a culture, ethnicity, language, occupation, gender, or other specifically described identity (ies) within a specific geographic area; or a specific population defined by a school, military base, campus or institutional setting. 3. Applicants may use the 2016 County Health Rankings, NSDUH, BRFSS, or the Drug Monitoring Report Data to define their high risk, high need communities.

14	3.2.5.2 – Pg. 13 Can funding be used towards salary and benefits of staff overseeing/coordinating the Young Adult Strategies?	Yes
15	3.2.5.3 – Pg. 13 1. What is the targeted number of individuals, 18-25 in the region that receives the program, policy or practice? 2. Can EAP's targeting this age group be part of the selected practices? 3. Is there any business data from CHI that we can have access to about strategies that businesses would welcome that employ young adults?	Q1 No targeted number has been defined Q2 Yes, if it is not supplanting existing funding. Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Q3. DHHS does not allow entities currently under contract to provide technical assistance or resources to potential bidders.
16	3.2.8.4 – Pg. 15 Can we get in writing the list of approved medically credentialed staff allowed to vaccinate? We have been told it needs to be an RN or higher, we would like a list in writing about paramedics, MA's etc. as being able to vaccinate.	Vaccination staff will be those who have vaccine administration in their scope of practice such as Medical Assistants, Physician Assistants, Registered Nurses, Licensed Practical Nurses, Advanced Registered Nurse Practitioners, Physicians, Pharmacists, Advanced EMT's, and Paramedics.
17	3.3.2 – Pg. 16 1. Why was the decision made to stop the use of the PARTNER Tool? 2. Also, our CHIP is from 2015-2017, is it expected that we update during this contract period or start from scratch and redo CHIP's after they expire in 2017?	1. The current requirement is intended to provide flexibility to contractors. 2. Each Regional Public Health Network should update their CHIP based on the effective period of their current CHIP. Decisions about how to approach this should be made by the regional PHAC members.
18	3.3.4. - Pg. 16 Where would the Leadership Team minutes and agendas be sent or posted to?	All reports under Section 3.3 shall be submitted to the BDAS program manager.

19	3.3.5 - Pg. 17 Please provide link to PFS Evaluation Data	The link requires a password that the Department is unable to provide. However, the Partnership for Success (PFS) Grant requires sub-recipients to monitor progress toward the goals of their project through performance measure including process measures and outcome measures. Those measures include: Process Measures (measured via PWITS): • Number of active collaborators/partners supporting the grantee's comprehensive prevention approach • Number of people served and/or reached by IOM categories, CSAP strategies, demographic group and targeted population • Number and percent of evidence-informed programs, policies and/or practices implemented by the targeted community • Number of prevention activities at the targeted community level that are supported by collaboration and leveraging of funding streams; and • Number, type and duration of evidenced-informed interventions by prevention strategy implemented at the community level Outcome Measures • 30 day alcohol use or prescription drug misuse and abuse (community level survey to be designed) • Binge Drinking (community level survey to be designed) • Perception of peer disapproval (community level survey to be designed) • Perceived risk/harm use (community level survey to be designed) • Alcohol and/or drug-related car crashes, fatalities and injuries (State Department of Safety-The Department to collect) • Alcohol and/or prescription drug-related emergency room visits (State Department of Public Health-The Department to collect)
20	3.3.5.2 – Pg. 17 1. Will PWITS be updated by FEI to accommodate a variety of strategies for Young Adults 18-25, which will be different than SMP work? 2. Who will be responsible for carrying out the trainings to support regions?	Q1 No Q2 BDAS will train lead staff

21	3.3.6.2 – Pg. 17 1. Shouldn't the CoC work be moving into implementation plans and not development plans for this Contract Period? 2. How often should gaps and assets be collected? This is a large undertaking and the region is being "assessed and planning out" due to IDN work.	1. During the implementation of CoC plans new information and/or emerging opportunities, and identification of new priorities will take place. The submission of an updated plan is expected to capture these adaptations. .2 Assets and gaps assessments will be done yearly. The process of how to update or get information is left to the individual RPHNs and can utilize information gathered in other initiatives.
22	3.3.8 Pg. 17 Can we include private schools or just public?	Private and public primary and secondary are eligible to host school based clinics.
23	3.4.4 - Pg. 18 1. In multiple areas of the RFP, the language is prevention and interventions for YA. Is this a prevention initiative or a Continuum of Care plan for a specific age population at greater risk? 2. Need more clarifications on expected outcomes and delineation of prevention, intervention, treatment and recovery for 18-25 yr olds.	1. The young adult initiatives is a targeted population prevention/early intervention strategy. The Continuum of Care is a systems level approach across the age span and not limited to young adults or prevention/early intervention. 2. For the purposes of this RFP, the targeted population of young adults is specific to prevention and early intervention. Outcomes are delineated in Section 3.6.6
24	1.4.3.4. Is stake holder survey annual or every other year/	Every other year
25	3.4.5.1. – Pg. 18 Could you please clarify how this training will be offered and by whom?	Should a contractor choose a strategy that is an evidenced based program that is endorsed by NREPP or another similar entity, then it is responsible to ensure training is provided by an authorized trainer for that strategy.
26	3.4.7.1 – Pg. 19 1. Please provide in writing the minimum credential allowed to run the clinics, i.e. nurse, MA, EMT etc.	Clinical leadership at the school based flu clinics will be a RN or higher level clinician. A LPN could serve in the leadership position at the clinics after approval from DPHS

27	3.5.2. – Pg. 20 1. Can you provide clarification on the minimum and maximum FTE requirements per program, including for the Young Adult Leadership and Young Adult Prevention Services programs? 2. Can the 75% positions be combined with other positions? This section is confusing. 3. If we're not sure we could meet this requirement, please advise as to how to proceed. 4. To whom should a request for variation go? 5. Does such a request require 'pre-approval', ex. prior to submission of the Bid or should it be proposed as part of the Bid itself? 6. Follow-up: If it is to be submitted as part of the Bid and the Bidder is selected but the staffing variation is not approved, would there be an opportunity to adjust the terms of the Bid?	1. It is an expectation of the Department 75% of FTE will ensure staff hired within each of these program areas will be fully employed that will result in less staff turnover; therefore maintaining staff for an extended period of time lends to overall program sustainability. See Addendum #3 for Minimum Staff Requirements Table. 2. The other 25% can be percentage of supervisory, program assistant, and/or administrative time that supports the lead position and scope of work. See the attached table. 3. In the proposal provide % of time per staff and a justification as to why it cannot meet the 75%. 4. The appropriate program area within DHHS will evaluate the request as part of the proposal review process. 5. No pre-approval is allowed. This should be part of the bid proposal. 6. Yes.
28	3.5.4 – Pg. 20 Dedicated staff- Does that mean only one staff member or can it be split among two staff per PHAC and YA program?	There needs to be staff dedicated to each scope of work and be the lead contact person for young adult (YA) and PHAC; This position can be one person. In your proposal outlines the percentage of time per scope of work (YA and PHAC) For the young adult initiatives the position can be split but the vendor must identify one lead who is the point person for the Department to communicate with on contract deliverables
29	3.6. - Pg.20 Can we anticipate BRFSS and results during this contract period that could be utilized as measures/outcomes for PHAC goal areas, etc.?	Yes, DPHS anticipates continuing a contract to implement the BRFSS survey. Which specific topic-area modules are included each year in the nation-wide survey are determined by a CDC working group. In addition, DPHS determines annually what optional modules will be included in the NH survey.
30	3.6.5. Pg. 21 What do we do if a community refuses to do the YRBS survey in schools?	There would need to another sustainable youth data source. The Department's preference is the YRBS.
31	3.6.3.3 – Pg. 20 1. Will DHHS provide an evaluation plan template? 2. Does "positive outcomes" refer specifically to data/measures outlined in our CHIP or could it include additional outcomes not previously identified in the CHIP?	1.Yes 2. Positive outcomes can be reported for CHIP goals, objectives or strategic approaches. Other outcomes that have been added to the CHIP since the original publication can be used.

32	3.6.6.1 - Pg. 21 1. What survey tool will be required? 2. Will it be required for all participants who do a drop in style intervention? 3. What is the baseline that the state has for items A-H?	1. A survey tool will be developed for young adult strategies in consultation with the Department's contracted evaluation entity 2. A 'drop in style' intervention would not be funded 3. The baseline has already been established by using the 2016 NSDUH data
33	3.6.7 – Pg. 22 1. If we have TOT CONNECT Trainers why do we need to contract with NAMI? 2. What is the cost expectation? This seems duplicative if the region already has SME to do these trainings? 3.	1. This is a newly developed TOT CONNECT program designed specifically for young adults 2. $12,000 will be the amount of the subcontract with NAMI-NH. No network has a SME for these trainings as it is a newly developed training. See Addendum #3
34	3.8 – Pg. 25, question 5, please explain what are each of the 5 required program areas.	PHAC, PHEP, SMP, CoC, and Young Adult Leadership Program.
35	3.8.5 – Pg. 25, question 6, Is this intended to elicit a description of the overall supervision and monitoring functions of RPHN funded activities? Or is it asking a more specific question about how we are assuring fidelity in evidence-based programs?	The question is intended to elicit responses that describe how evidence informed policies and practices will be used in the implementation of funded activities as well as to address how fidelity to the program will be assured.
36	3.8.10 Pg. 26 If not applying for YA Strategies, should a response be provided?	No
37	4.6.2 Pg. 28 Should we submit a separate budget spreadsheet and budget justifications for the SMP and CoC programs or combine them? The funding available in Appendix H "Available Funds" combines the funds available for the two programs. If we are required to separate them, what is the funding available for each program?	Yes. The funding available in Appendix H reflects the total amount available for both SMP and CoC, but separate budgets for each area are required. There is no required base amount to be budgeted for either SMP or CoC. It is at contractors' discretion so long as program has a minimum .75 FTE lead staff person.
38	4.6.4 - Pg. 28 Clarify what "staff utilization for each area of required services detailed in Section 3" means. Are you just looking for a breakdown in each program budget that includes salary/benefits by position?	Staff utilization is meant to include salary and benefits by position as well as the percent of FTE for each individual position.
39	4.6.7.2 Pg. 28 1. Should CoC and SMP be merged into one 3 pager or two three pagers? 2. Should budgets be separated out?	1. No, these should be separate budget narratives. 2. Yes, separate budgets for CoC and SMP and all other program areas

40	4.6.8 -Pg. 28 Provide instructions on completing Program Staff List form, including who needs to be included on the form that isn't directly paid by the grant.	The program staff list should include all positions, whether funded or provided in-kind, that support the required activities.
41	6.13 Pg. 33 Address how the County can keep the contract confidential when it needs to be executed by the commissioners in a publicly warned meeting with publicly disseminated minutes, which needs to be done prior contract going to G&C.	Section 6.13 states that a proposal must remain confidential until the Governor and Executive Council have approved a contract. It does not address executing a contract in a public forum. Further guidance on this question will be provided in an updated Q&A addendum.
42	If one organization will be applying to serve as the host organization for more than one PHN region, can the organization complete one application covering two PHN regions, or will they be required to complete two separate proposals? If YES to this question, can staff roles be blended across the two or more regions in a joint application, or do the staff roles/FTE requirements need to be separately met for each PHN region?	A separate proposal is required for services in each Public Health Region in order to evaluate competing proposals. In the event that shared staff are being proposed, the amount of FTE must be described and budgeted for by individual region. The accompanying narrative should describe how this would link to what is proposed for those personnel in a proposal(s) to provide services in other regions.
43	How is the state defining 'prevention' for Young Adult Strategies work?	In alignment with the Partnership for Success 2015 goals and requirements prevention approaches must: • Promote emotional health and wellness, prevent or delay the onset of and complications from substance misuse and identify and respond to emerging behavioral health issues • Prevent and reduce underage and young adult problem drinking • Prevent and reduce prescription drug and illicit opioid misuse
44	Does 'prevention' for this age group include harm reduction strategies?	Harm reduction strategies will be considered if they meet the criteria established in Section 3.2.5.3, and are aligned with the Partnership for Success 2015 goals and requirements mentioned above, and do not violate local, state or federal statutes.
45	Are Relapse Prevention services allowed?	No
46	Prevention for the children/significant others in close relationship with someone affected by substance misuse and substance use disorders?	It is not clear what section(s) of the RFP this pertains to.

47	Do programs proposed for Young Adult Strategies need to be specifically targeted as 'substance misuse prevention' programs, or could a network focus initiatives to address a core driver of substance misuse, such as creating young adult career advancement/mentoring programs; or community health worker programs targeted toward young adults whose trauma history and social determinants of health needs suggest they are highly vulnerable to progression into binge alcohol use and/or opioid use?	Young Adult Strategies need to meet the criteria established in Section 3.2.5.3 and are aligned with Partnership for Success 2015 goals and requirements: • Promote emotional health and wellness, prevent or delay the onset of and complications from substance misuse and abuse and identify and respond to emerging behavioral health issues • Prevent and reduce underage and young adult problem drinking • Prevent and reduce prescription drug and illicit opioid misuse and abuse
48	Can the State or CfEX provide substantial guidance as to what types of evidence-based programs they anticipate seeing proposed for Young Adult Strategies? There appear to be very limited options in NREPP and other common sources.	No technical assistance can be provided by the state's contracted provider for technical assistance for this your proposal.
49	Is Young Adult Strategies required or optional?	Optional.
50	Will we continue to receive Charitable Foundation funds?	That is not under DHHS' jurisdiction.
51	Is there a maximum page limit on resumes?	No
52	Are the Technical Proposal and Cost Proposal different?	Yes. See Section 7.